
CHAPTER 8

CRITICAL PRACTICE ISSUES

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As you can see from the list above, this chapter deals with a variety of challenging issues. While you may not be the one directly responsible in all of these situations, by understanding the dynamics and knowing what to expect you can best support, educate, and retain foster parents. We strongly urge you to read this chapter BEFORE you're facing disruption, allegations of maltreatment in a foster home, or another crisis. The information, advice from experienced workers, and practice suggestions in this chapter will help you avert disaster and develop a plan for how you will respond should things take a turn for the worse.

Placement Disruption

Placement stability is one of the primary goals for our foster care system. The last thing anyone wants is for a child who has already suffered abuse, neglect or abandonment to face the added trauma of losing a foster family. Our own intuition in this area is reinforced by research: children who experience multiple placement disruptions have significantly greater mental health and medical complications (Rubin et al. 2004). Instability can re-traumatize youth who are already vulnerable, impair

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their ability to form secure attachments, and lead to more self-destructive and dangerous behaviors (Hartnett 1999; Pecora 2005).



As a licensing professional, YOU can help minimize placement disruption.

From surveys of experienced workers, foster parents, and relevant research, here are some of the ways licensing professionals can make a difference in maintaining placements.

1. Know your families, know your families, know your families.

The better you get to know your families, the better you will be able to match them to appropriate children, and provide them with the ongoing training and support they need to persevere when things get tough.



Placement disruptions happen most frequently due to interactions between the foster parent and the child, rather than to any one characteristic of the child or parent (Teather et al. 1994).

See Chapter 3 of this guide (the Mutual Home Assessment) for specific suggestions for getting to know families, and for questions and topics to revisit over time. Often it is only as parents get to know you better that they feel comfortable sharing more details of their history and their true feelings.

Advice from an experienced worker:

"I always tried to visit with families around meal times. I would just ask them, 'Do you mind if I stop by on my way home from work?' There's no better time to see the rituals families have, and how they interact with each other."

2. Make sure foster parents are receiving training and support that addresses their needs and the needs of the children placed in their home.

No parent is perfect, just like no child is perfect. Everyone has areas for growth. The key to licensing is finding out what families need, and the best way to provide for those needs.

One training area has been identified as especially important in enhancing placement stability: the skill and ability to accept and manage oppositional and aggressive behavior (Hartnett 1999).

Some families gain insight from talking things over or reading on their own. Others benefit from hands-on, in-the-moment modeling. Others might do best in group trainings, or peer support groups. Talk with families about how they learn

best and what helps them cope with stress. Then follow up with them to be sure they've understood and integrated what they've learned and that they've benefited from their supports. Do you see changes in how they speak to the children in their home or how they react during stressful times? If what they have tried isn't working, help families come up with something that will.

3. Maintain regular contact with your foster families, rather than just coming in to “put out the fires.”



Characteristics of social workers that are associated with placement stability include the level of rapport with foster parents and the amount of energy expended on the family's behalf (Teather et al. 1994).

Obviously, assessing parenting skills and family dynamics is not something that can be thoroughly completed while parents are initially being licensed. Not only do workers not have enough time, but families need to get to know and trust you before they can share some of their questions and concerns.



It's also good practice to keep in close touch with the foster care workers responsible for the children placed in the homes of your foster parents.

State regulations require face-to-face visits between licensing professionals and caregivers at least quarterly for family foster care (unless the out-of-home family services agreement indicates otherwise); and therapeutic foster parents require at least 60 minutes of supervision by a qualified professional on a weekly basis for each therapeutic foster child placed in the foster home. However, experienced licensing professionals and foster families know that more frequent contact leads to more open communication. It also allows you to catch problems early and intervene, rather than waiting for things to explode. Talk with your supervisor about the policies of your agency, but in general, a top priority should be maintaining a connection with families.

Advice from experienced workers:

“If you're not checking in with your families, you may not hear that Johnny's been getting into trouble in school until the parents are overwhelmed and ready to give up.”

“Even checking in by phone is enough sometimes. Families just need to vent. If they know you're there to listen and thank them, they can keep going.”

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4. Get back to families within 24 hours, or let them know who to contact in your place.

Check with your supervisor on your agency's policy on returning calls and back-up coverage. Even if your agency doesn't have specific policies, you can have one for your own families. Returning phone calls to foster parents should be one of the first items on your agenda each day. And all families should have your supervisor's name and number. Foster parents say that the most frustrating thing is not hearing back from workers until long after a crisis has passed, or going days and days without having simple questions answered. This doesn't mean you need to be available 24/7, just that it's important to communicate with families and give them options.

Advice from experienced workers:

"Sometimes when families reach out to you, you have to just hold your breath that they're not going to end by saying you need to move the child! Most times, they need reassurance and want to be told they're doing a good job. Then they get right back to what needs to be done for the child."

"Even if I was going to be out for a day, I would change my voice mail to let people know when I would be available and who to call for urgent issues. When I went on vacation, I would call my new parents or the ones having a hard time, to let them know and remind them of my supervisor's number, just in case."

5. Include foster parents in meetings and planning.

The more foster families are informed and invited to contribute, the more invested and empowered they will be to make things work. Make shared parenting a reality for your foster families. Work with your supervisor and agency to address foster family safety concerns so that you can help them develop a cooperative relationship with birth families. Advocate for foster parents to be included in child and family team meetings and permanency planning meetings. Sometimes judges may not give agencies time to fully prepare families and children for changes in placement. But the more foster parents are at the table, the more prepared they'll be for what MIGHT be coming down the road, and the more they can actively engage in working for the team's desired outcome.

Advice from a foster parent:

"Most of the time, we're going to meet the birth family. It's just a matter of whether we do it in a planned way at a meeting, or we run into them at Wal-Mart."

6. Gather information to make the best possible placement match.

Gather as much information as you can about a potential foster child from different sources, so you can make the most beneficial match for both children and foster families.

Advice from an experienced worker:

"I tell placing workers, 'Let's talk about what this child might need before he's ready to go with this family.' And I tell my [licensing] workers, 'Don't do more damage. Rather than setting the child and family up to fail, think about what placement will help the child be most successful.'"

Advice from a foster parent:

Placement always seems to be emergency placement with little or no knowledge of the child. It has most often been, "Can you take this child? Make your decision now!" This is not a good matching process.

Sometimes, your gut may tell you that a foster family and foster child just won't make a good match. Placements often disrupt when a child is placed with parents who are not able or prepared to care for him or her. In reality, sometimes emergency placements have to occur. But they carry greater risks for everyone.

Placing children on an emergency basis can increase disruption and decrease foster parent commitment to the child (McMahon 2005).

7. Share information about the child and the child's history and current situation with the foster parents.

Full disclosure of the child's behaviors, reason for placement, supervision needs, etc. is essential. It is important to make foster parents aware of everything you know as well as what you do not know. Working with foster parents, develop a protocol that outlines issues that need to be discussed at placement.

Advice from an experienced worker:

"You have to be honest with foster parents about how hard their job is. You can't sugarcoat things. I tell parents, 'You need to get those good parenting feelings somewhere else, because you're probably not going to get it from this child. He's not going to be able to thank you or show you he cares, at least not in the beginning.'"

Advice from a foster parent:

"We've had some workers who don't tell us anything. They tell us it's because of confidentiality. But we're the ones who have to live with that child, and we have other kids in the house we need to think about."

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8. Know when to provide extra support.

Be aware that foster families need a higher level of support when they have a new placement or a child is removed from their home, or if they have an especially challenging child. This is also true during major disruptions in their lives, such as divorce or separation, a death in the family, loss of a job, or diagnosis of a serious illness or disability. Even if disruptions such as these do not lead foster parents to reconsider their decision to foster, licensing professionals should be sure to factor these changes into their ongoing assessment of the family's ability to meet the needs of children in care.



You CAN share important information with foster parents without breaching confidentiality. Foster parents are part of the child's team and need to be informed.

Life-changing events are traumatic for any family, and family members often go through grieving over the changes without fully realizing it. Foster families can be in an especially vulnerable state during times of transition or disruption. Children in foster care may experience change as another painful loss, one for which they may blame themselves on some level. Or, the children in the family may act out their grief, anxiety, jealousy, or anger in the wake of a family crisis. For the foster parent, the change might compound the challenges of providing foster care to other children.

Advice from an experienced worker:

"I always call my families the day after they get a new placement, just to see how things are going. If it's a new foster family or an especially high-need child, I might continue to check in a lot, just to make sure everybody settles in."

Following are some suggestions for providing extra support to families. Of course, your relationship with the family and their receptiveness will influence which forms of support are right for them.

- Call the family frequently to check in.
- Make more frequent visits, establishing yourself as a real presence and support for the family.
- Make connections with appropriate collaterals to be sure the home remains stable and supportive. (Note: a *collateral* could be anyone—birth parents, coaches, teachers, etc.—who is important in the child's life.) It's crucial to maintain regular contact with foster care workers. If the foster parent agrees and signs consent, also make contact with existing supports, such as extended family, clergy, or community groups.
- Offer referrals as appropriate, such as hospice bereavement programs, counseling, single parent groups, child care, or financial resources. Find

helpful literature or web resources, appropriate to the family's educational level and needs.

- Be aware of the stages of grief that family members might experience with some changes. Help educate and process the impact of loss with the parents.

Responding to Placement Disruption



Reduce trauma to children during placement changes by teaching foster parents to anticipate child reactions and by suggesting activities that help everyone reach closure.

Sometimes, despite everyone's best efforts, placements do not work. Other times, successful placements end due to the child's permanency plan. In either case, a strong relationship between the licensing professional and the child's social worker can help make the transition easier for everyone.

When a placement does end, what can you do to ease the pain for everyone?

Here are some suggested ways to help foster parents and children achieve closure. *Of course, supervisors and other team members should always be consulted in planning with foster families for what would be most helpful for individual children.*

1. **Talk with the Children.** It's important to allow children the chance to express any feelings they may have about saying good-bye, which can include feelings of abandonment, sadness, anxiety or unworthiness. Some children might act out around this time, so you should help foster parents prepare to provide extra support as needed. It's important not to let feelings of guilt or stress lead the adults to minimize or avoid talking about negative feelings (Bostic & Shadid 1996). While ideally this process could happen before a child leaves, in reality it might be the new caregivers who give the child this opportunity.
2. **Talk with the Foster Parents.** Foster parents also need a chance to express their emotions, which may come out gradually over time. While foster parents can share feelings of sadness with the child, there may be other feelings (such as relief or fear for the child's future) that cannot be shared with the child but need a safe outlet.

Foster parents may still need support AFTER the child has left the home. You can sometimes help families process their feelings—and avoid burn-out—by asking them to reflect back on the experience after a week or two. What were their expectations when they first took the child into their home? What was it like while the child lived with them? What are their hopes for the child's future?

3. **Pictures and Letters.** Families and children can write letters or draw pictures for each other, depending on the child's age. This can be done either in preparation or after the fact, by mail. Foster parents should also consider

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spending time with the child updating his life book so that the child has something to help him reflect on his time in the home. Make sure foster parents understand how important it is for them to tell the child that he will be missed. Parents may also want to share something special that the family will remember or has learned from the child.

4. **Reinforce Strengths and Lessons Learned.** Families can also use time before a change – or the letter they send after the placement move – to reinforce and acknowledge the positive changes or successes the child has had, even if they were small steps. They can also help smooth the way for the new placement by asking the child what she’s learned during their time together and what should be shared with the new placement about what was helpful or not helpful for her.
5. **Assessing Foster Parent Supports.** When a child leaves, it is an excellent opportunity for workers to reassess with the family what informal or formal supports, information, or training might be helpful. Foster parents can use the change as a positive opportunity to make new connections, learn new skills, or simply think about how they might handle similar situations in the future.

Shared Parenting: Supporting the Birth Family-Foster Family Connection



We know that a child’s relationship with her birth family is crucially important in resolving the trauma of separation and developing a healthy identity (Tiddy 1986, cited in Teather et al. 1994). Experience also tells us that placements are more successful—and our jobs are easier—when birth families can constructively engage with our agency and with foster families.

What can licensing professionals do to help build this important connection?

- Set the tone from the first contact with a prospective foster family. Make sure they understand that the birth family connection is a valued resource for both children and foster families.
- Prepare foster families for meetings with birth families through training and ongoing support. This includes addressing any safety concerns the foster family may have, to help them invest in the relationship.
- Assure foster parents that you or a foster care social worker will be present during the first Shared Parenting meeting or contact with the birth parents. When a child enters foster care via custody of the department of social services a shared parenting meeting must take place within the first 7 days children are placed out of the home (*NCDHHS-Division of Social Services Family Support and Child Welfare Services Manual, Chapter VIII: Protective Services, Section 1400, Part III Multiple Response System*).

- Emphasize the areas of similarity between birth and foster families. Keep the focus on meeting the needs of the child together; don't emphasize the deficits of the birth family (Casey Family Foundation 2005).
- Educate foster parents and advocate for them with colleagues to ensure that **shared parenting** and **child and family team meetings** take place and are conveniently scheduled for both families.

Advice from foster parents:

Assist with shared parenting – provide structure at first, then it can be more open.

- Be sure that foster families understand the value of Life Books and actively update them with children.
- Encourage foster parents to share pictures, art work, documentation of achievements, and daily activities with the birth family
- Develop a simple one-page profile sheet for foster families to complete about themselves to give to new children and their birth families (Casey Family Foundation 2005). Ask foster parents, birth parents, and children in care about what to include.
- Develop a profile sheet or intake questions that enable children and birth families to share something about themselves with prospective foster parents. This can include strengths and talents that may not come across in a case record, but also important tips for caring for a child. For example, in Massachusetts, birth parents are asked three questions when a child is placed:
 - What are your child's favorite foods?
 - What does your child like to do before going to bed?
 - What makes your child feel better when he or she is sick?(Casey Family Foundation 2005)

Abuse and Neglect Reports on Foster Homes

The Division will soon release a new chapter of the Manual dealing with abuse and neglect reports on foster homes. This new chapter (Chapter V, Jurisdiction in Child Welfare) will replace Section 1410. Until the new chapter is released this portion of the Guide is temporarily unavailable. We will make this material available to you as soon as possible.

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Worker Turnover



The more attached the family or child is to the worker, the longer they will need to prepare emotionally. Try to have at least one final visit with each family to say goodbye.

While it is inevitable, the loss of a trusted worker may be unexpectedly painful or confusing for children who have already experienced so much loss in their lives. Without even realizing it, workers may sometimes provide the steady, supportive presence for children in foster care that is so important in developing resiliency (Thomlinson 1997).

There also may be implications on the retention and quality of foster parents who experience multiple changes in workers. Families often rely on their workers for the support and information they need to continue doing such a difficult job (Fisher 2000). Making the transition to a new worker as smooth and positive as possible allows the connection with the Supervising Agency to continue, which can be critical to retaining good foster families (Fisher 2000) and maintaining placements (Teather et al. 1994). On the other hand, if families or children experience multiple staff changes without appropriate acknowledgement and discussion, it can damage their future relationships with workers and jeopardize placements (Ward 1984; Teather et al. 1994).



Before leaving, licensing professionals should take the opportunity to do important termination work with children and foster parents.

If a child's foster care worker is leaving, licensing workers can help facilitate a healthy termination. This can be some of the most important and meaningful work you will do with families (Ward 1984). A positive ending to the relationship can be the chance to recognize and reinforce all that has gone before (McGee 1972). Planning the exit allows you to minimize the negative emotional impact and instead provide a positive model for saying goodbye. Children in foster care can then avoid the self-blame, shame, and confusion of prior losses, and foster parents can be supported to remain as a secure and nurturing placement. The stronger the worker and the worker's connection with the family, the more critical it is that this type of work be done.

Ways to End Your Work with Families

1. Mark on your calendar when you leave and, as appropriate with each family, make sure you speak with each parent and child to let them know. The more attached the family or child is to the worker, the longer they will need to prepare emotionally (Bostic & Shadid 1996). You should then try to have at least one final visit with each family to say goodbye.



2. You don't need to give a lot of details on why you're leaving or where you're going, but you do want to emphasize it as a positive change and use the time as an opportunity to talk about the work you've done together.
3. At the same time, it's important to allow families to express any feelings they may have about the good-bye, which can include feelings of abandonment, sadness, anxiety, or unworthiness. Some children might act out around this time, so foster parents should be informed and prepared to provide extra support as needed. It's important not to let your own feelings of guilt or stress at leaving lead you to minimize or avoid talking about such negative reactions (Bostic & Shadid 1996).
4. Smooth the way for the new worker. Help the family see this as a chance for them to meet someone new and have another support person in their lives. Ideally, you can share the name and something positive—and accurate—about the new worker. ("She's very dedicated and really cares about the families she works with.") You can also ask what the new worker can do differently from you to make things better, and what you can do to make it easier for everyone.
5. Emphasize that you will be sure to pass on anything important about the family or the progress of their case. You can even ask the family specifically what it's important for the new worker to know. Be sure to then pass on that information verbally or in your last notes! Transfer of cases to new workers often is a major contributor to failure to meet mandated time-frames and provide appropriate follow-up to families (GAO 03-611T).
6. When possible, offer to introduce the new worker to the family in person or, at the very least in a conference call. In-person introductions can also be done at a group meeting or training. Again, your degree of closeness to each family should determine how this is done and how long the process lasts. The important thing is to make the family and child feel they're informed and they have some choice in how the change-over takes place.
7. Depending on the type of relationship and age of the children, you can write letters or draw pictures for each other. You should also write at least a short letter to each family. In the letters you can thank the parents or child for the opportunity to get to know them, wish them well in the future, and note something special about them that you will remember or that touched you as a special gift.
8. As one worker leaves and a new one takes over, it is also an excellent opportunity for workers to reassess with the child, family, and co-workers what informal or formal supports might be helpful. Remember that at different times in their lives, children who have lived through trauma may need to enter or re-enter treatment. Experiencing another loss may bring up painful issues or troubling behavior for the child. For foster parents and children, presenting change as a positive opportunity rather than another

stress can make for stronger placements and empower families to make new connections.

Preventing Child-on-Child Abuse



A detailed safety plan should be provided for every new foster care placement, since we often don't know whether children have been sexually abused.

Although licensing professionals are often not the ones to develop safety plans to prevent child-on-child abuse, they are responsible for training foster parents and preparing them to meet the specific needs of the children in their care.

Parents often have a hard time managing sexual development and aggressive behavior in their children. When parenting children who have been victimized and possibly sexualized at a premature age by abuse, foster parents face even more difficulties (Ingham & Van Zessen 1998). For the children, acting out sexually or physically puts them at increased risk of losing their placements.

One study found that, out of 40 children in placement with a history of sexual abuse, two-thirds of them (27 children) were showing concerning sexual behaviors. Concerns covered a broad spectrum of behaviors, including compulsive public masturbation, overt sexual behavior, sexually abusing behavior, sexual activity with peers, prostitution, and other exploitation. It is important to note that one-third of the children did not show any concerning sexual behaviors (Farmer & Pollock 2003). In a variety of ways, children may inadvertently re-create the lifestyle or chaos from which they came, and licensing professionals can help foster parents prepare for this.

Prevention Steps

1. **First and foremost, foster parents need to have as much detailed information as possible about children's backgrounds.** Knowing the kinds of trauma a child has experienced can help prepare foster parents to meet the emotional needs of the child and understand some of the dynamics of the birth family. Knowing about the kinds of symptoms children have shown previously helps prepare them to prevent and manage acting out (Farmer & Pollock 2003). Foster parents and workers can then collaborate on protecting not only the victimized child, but also other children in the home.
2. **Close supervision and a detailed safety plan should be provided for every new foster care placement, since we often don't know whether children have been sexually abused.** The goal is to establish an open and safe environment for children who may have lived with a secretive atmosphere and confusing boundaries. Specific ground rules should be set together for safe and appropriate contact and behavior in the home (Farmer & Pollock 2003). Instead of being punitive, this process should actively convey the message

that the child is cared for and that every effort is going to be made to help everyone feel safe. Part of feeling safe is bringing into the open appropriate boundaries for such things as use of the bedrooms and bathroom, acceptable ways to show affection, and limits on “playful” contact such as roughhousing and tickling. *For guidelines from Appalachian Family Innovations on developing a Family Sexual Safety Plan, see item “N” in the Appendix.*

3. **Another important area to consider is contact with birth family members.** Visits may provoke anxiety that may lead to increased sexual or aggressive behavior (Friedrich 1993). In addition, in some instances family members could place the child at risk for further abuse either directly or by exposing them to unsafe people or situations (Farmer & Pollock 2003). Obviously such additional trauma could exacerbate any symptoms and cause further emotional damage. Contact with siblings who were also abused needs especially close supervision. Again, children who are acting out may have experienced confusing sexual boundaries and/or an acceptance of violent behavior in their birth families. In the highly emotional and possibly stressful atmosphere of a sibling visit, these factors could surface.
4. **The best way to manage acting out from trauma is to prevent it altogether.** Educate your foster parents and colleagues that children with a history of sexual abuse need treatment with specially-trained therapists, to reduce their risk for negative short and long term effects. One study found that only 50% of child sexual abuse victims were referred for treatment, and only 25% actually received it. Another showed that, of those who actually went to treatment, most went for only one to two visits. Certainly not all victims will suffer trauma, and in fact 10-28% of sexual abuse victims report no immediate distress. So it is important to remain optimistic and not assume poor outcomes for children who have been abused. At the same time, even children who initially are without symptoms may suffer effects later on, especially during puberty (Frothingham 2000, cited in Flick & Caye 2001). Foster parents and workers should remain sensitive to the fact that treatment may be necessary at different times for different children, especially when they are exhibiting new or concerning symptoms or behaviors.



Responding to Possible Child-on-Child Abuse

1. Immediately inform your supervisor and CPS in the foster family's county.
2. CPS will determine, based on input from you, the foster family, and any other collaterals they deem appropriate, whether there is a need to investigate or contact law enforcement.
3. In coordination with CPS, your supervisor, and the foster family, determine whether the alleged child abuser needs to have a new placement, or whether he or she can remain in the home.
4. A detailed, written safety plan should be developed and signed by the child and everyone on the team, no matter what the placement decision. As noted

above, the emphasis should be on keeping everyone safe, including the child alleged to be the abuser, rather than on punishment. This is especially true since often times all of the facts are not yet known. The plan should include, at least initially, no unsupervised time with other children or teens. *For guidelines from Appalachian Family Innovations on developing a detailed safety plan for children who have acted out sexually, see item "N" in the Appendix.*

5. Help foster parents and other team members understand that children who victimize other children have most likely been victims themselves. They need treatment by mental health providers with specialized training for young offenders, to help them deal with their own histories and reduce the risk of re-offending in the future (Freeman-Longo & Blanchard 1998).

Ways Foster Parents Can Help Children Who Have Been Sexually Abused

1. Be friendly but clear with your household rules. Develop a plan that spells out how to live in your home. Don't assume children know these things. Write it down and give a copy to your social worker so he or she is aware of how your family functions. This can be helpful if anyone questions your life-style.

Note: Rules are developed only when there is a need. For example, masturbation is a reaction to being sexually stimulated (abused). Babies touch themselves as infants. It is a natural action. It can become an excessive need for a child who has been sexually stimulated over a long time period. It can show up when the child is insecure, deep in thought, or needing to be stroked (much like a child who gently pulls on their hair or sucks their thumb). Many times, the child isn't aware of what he or she is doing. Instead of yelling or shaming the child, establish guidelines for children if they find they need to "touch themselves."

Suggested Guidelines: Must be alone with door shut and shades closed, don't cause pain or bleeding, no objects can be used, time alone is limited to 15 minutes. Add the guidelines you feel are important. Then give children opportunity to develop self-esteem and other interests. Their need to masturbate will lessen.

2. Listen to the child when he or she is disclosing; don't tell the child how to feel or what to say. Children don't always need advice, but they do need to vent. Let them use their own words, even if they are offensive to you. You can help them replace their offensive words with more acceptable ones later when they aren't opening their souls up to you. Trust can be built here. Do not promise not to tell anyone what is shared. Rather, say, "I won't share the information unless I feel there is someone who can help. I will tell you who I feel we need to share this information with."

3. Don't talk badly about the child's birth family. A child's family is part of her identity; these connections are vital to the outcome of the child's life. If she is currently separated from the non-offender and her siblings, she may feel isolated and afraid. Helping the child to visit her family will help build the child's trust in you. You aren't judge and jury of the child's birth family—others on the treatment team are responsible for this. If you take this position you may not be in place to help.

4. Record any information, such as birth parents' behavior with child, signals of sexual abuse of the child, and disclosures from the child or family. Report these to the child's social worker immediately. Report your reactions to what you observed. Keep a copy of everything you submit.

5. Let the child talk about his feelings about his family, including the offender. "Regardless of how we feel about them, incest perpetrators are still very important to the families they have betrayed. In psychological terms they are still 'central attachments' for the family" (McMahon, 2000). You might want to tell the child, "There are different ways parents can show children 'love' and that is what the social workers and doctors are trying to teach your parents."

6. Teach the child some of the other ways parents can show children caring and love. This is another reason why foster and adoptive parents have to be friendly and clear with boundaries so the child can learn. Remember, repeating the rules and expectations will be necessary until the child can create new positive habits. This is an opportunity to work on enhancing the child's self esteem by spending quality time with her. Have fun, laugh, and play. This may be the first time the child has freely experienced this type of interaction.

7. Create a "life book" with the child so she can put her life into perspective. With stories and pictures, the child can look at her past, present, and future. It will help alleviate her confusion and leave her with time to laugh and play. Social workers and therapists can use the life book as a therapeutic tool in counseling the child.

8. Spend time with the child and teach the child how to laugh and play. Give them power in their lives and help them to understand that they are not at fault. This could be life changing for a sexually abused child.

Physical Restraint Holds

Physical restraint holds should only be used in the most extreme circumstances—only if the child is an immediate threat to herself or others and all other attempts to address the situation have failed.



Only individuals who have been trained by an approved, certified trainer in the use of physical restraint holds may physically restrain children in foster care.

You should be familiar with your own agency's policy about restraint holds—for insurance/liability reasons, many Supervising Agencies do not allow foster parents to use restraint holds of any kind.

Both family foster care and therapeutic foster care parents can use physical restraint holds if they have received the required training from a certified trainer and the executive director (or designee) of the Supervising Agency has provided a letter to the foster parent stating that he or she has permission to administer physical restraint holds and specifying the particular physical restraint holds they are allowed to administer. A copy of this letter must be in the foster parent's licensing file.

The goal of the mutual assessment process is to ensure that foster parents have the skills, training, and support to keep children safe and support their development. Foster parents need to be prepared to manage challenging behavior by understanding some of the dynamics and developmental issues that cause it and by knowing behavior management techniques to safely contain it. In the vast majority of cases, foster parents can successfully use their skills to de-escalate tense situations and avoid violent behavior. But what about those rare cases when a child is doing something that puts himself – or someone else – in immediate danger? When can a foster parent physically restrain a foster child?

There are two primary rules that determine when physical restraint holds can be used for children in foster care in North Carolina.

1. They can be used ONLY “to physically hold a child who is at imminent risk of harm to himself or others UNTIL the child is calm” (emphasis added; 10A NCAC 70E.1103(a)(4)).
2. They can be used ONLY by foster parents who:
 - Have been trained by an approved, certified trainer in the use of physical restraint holds (10A NCAC 70E.1103(d)), and
 - Have received written approval from the executive director of their Supervising Agency (10A NCAC 70E.1103(f)).



Only holds approved by the Licensing Authority can be used.

There are many more specific rules on what foster parents can and cannot do in terms of restraining children in their care. Before going into those details, it's important to look at the context in which these rules were developed.

In October 1998, the *Hartford Courant* ran a five-part investigative series entitled “Deadly Restraint.” They found that there had been 142 deaths related to restraints in the U.S. over a 10-year period. Thirty-three percent of those were caused by asphyxia (Weiss 1998).



This series brought wide-spread attention to the topic of restraint methods, and reports of abuse, injury, and death from these methods began appearing (NAMI 1999). In 2002, the Child Welfare League of America estimated that 8-10 children die each year due to restraints, while many others suffer from injuries such as bites, damaged joints, broken bones, and friction burns (CWLA 2002). In addition, some researchers feel that, even in the most correct of circumstances, physical restraints create a sense of helplessness and loss of control in the person being restrained. This can potentially lead the person to react aggressively, in an attempt to re-assert his own identity and perceptions (Stilling 1992; Hopton 1995). Alternative anger management techniques are widely considered to be more therapeutic, effective, and respectful of a person's autonomy (Lewis 2002).

While physical restraints should clearly be avoided whenever possible, what does it mean when you do have to restrain a child? In this context, “restraint” refers to “any physical method of restricting an individual's movement, physical activity, or normal access to his or her body” (ISPMHN 1999). Restraint does not include the redirection of a child by physical contact, such as calmly placing a hand on the shoulder or back of a child to gently encourage their activity and attention elsewhere. There are three different types of restraints (Ryan & Peterson).

1. **Mechanical restraints** refers to the use of any device (tape, tie downs, belts, etc.) used to limit someone's movement. Mechanical restraints MAY NOT be used on children in foster care under any circumstances (10A NCAC 70E 0401 d1).
2. **Chemical restraints** refers to the use of medication to control someone's behavior or restrict movement. A foster parent may use a drug as a restraint ONLY if it is required to treat a medical condition. A chemical restraint cannot ever be used for punishment, convenience, or as a substitute for adequate supervision (10A NCAC 70E .0401 e).
3. **Ambulatory restraints** refers to the use of one or more people using their bodies to restrict someone's movement. Trained foster parents may use this type of restraint only under very specific circumstances, which take into account the seriousness and potential danger of the method.

Before employing a physical restraint hold, foster parents who are trained and pre-approved must also be sure they've met these criteria:

- The child does not have a medical condition, nor is the child taking any medications, that could impact his behavior or his response to a restraint
- The foster parents have tried every possible, less restrictive approach to de-escalate the situation
- The foster parent has identified the least restrictive way to hold the child to keep him from harm
- There is a second trained foster parent or trained adult present (Rule 10A NCAC 70E .1103(e)(6) does provide an opportunity for a waiver of the second person in attendance).



There must be a second trained foster parent or trained adult present.

Physical restraint holds should:

- Never be used for discipline or convenience
- Should be administered in the **least restrictive manner possible**
- Never involve another child in helping to restrain or in any other way
- **End as soon as the child becomes calm**

During the time the child is being restrained or held, and for at least 15 minutes after, the foster parent must:

- Monitor the child's breathing
- Be sure that the child is verbally responsive and in control of motor functions
- Be sure that the child remains conscious without any complaints or pain

If at any time the child complains of being unable to breathe or loses motor control, the foster parent must end the restraint immediately, or adjust the position to be sure the child's breathing and motor control are not restricted.

If at any time the child appears to be in distress, the foster parent must immediately seek medical attention for the child.

Following the use of a physical restraint hold, the foster parent should have a conversation with the child about the incident. They should discuss what led up to it or may have "triggered" the incident; how the child feels about the incident, both physically and emotionally; what if any steps should be taken right away to resolve the conflict or situation; and what might be done differently next time the situation arises.

The foster parent also needs to let the Supervising Agency know. A worker will need to interview the foster parent and document the event in an incident report provided by the Licensing Authority. The report needs to include:

- The child's name, age, height, and weight

- The type of hold used
- How long the hold lasted
- The trained foster parent who administered the hold
- The trained foster parent or adult who witnessed the hold
- Less restrictive approaches that were attempted before using the hold
- The child's behavior that necessitated the use of the hold
- Whether the child needed medical attention.

Any time a physical restraint hold is used, the foster care worker should problem-solve with the family about what's working and not working for behavior and anger management. Remembering again the overall goal of a safe and supportive environment for the child, the focus should always be on eliminating the need for physical restraint holds and building positive coping skills.

There are also procedural steps that must be taken when physical restraint holds are used. Child-placing agencies that permit their foster parents to use physical restraint holds must submit to the Licensing Authority a "Monthly Physical Restraint Report." These reports should be submitted the seventh day of the month following the month of the report. (For example, if a restraint is used in July, the report for the month of July must be submitted to the Licensing Authority in Black Mountain by August 7.) A blank version of the Monthly Physical Restraint Report for Child-Placing Agencies can be found on the following page.

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
MONTHLY PHYSICAL RESTRAINT REPORT**

CHILD PLACING AGENCY
(Restrains Administered by Foster Parents)

Report for the Month of: _____
(Give Month and Year)

Name of Agency: _____ Address of Agency: _____

Total Number of Restraints Used this Month: _____

Total Number of Clients Restrained: _____

Total Number of Physical Injuries Resulting from Restraints: _____

Summary of Kinds of Injuries: _____

Children Restrained	Number of Restraints	Date(s) of Restraints
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Submitted By: _____
(Give Name and Position)

Date: _____

Critical Incident Reporting

Critical incident reporting does not fall under the official responsibility of licensing professionals. However, licensing workers should be familiar with the information contained in this section for two reasons: (1) so that you can ensure your agency responds in an appropriate and timely way when critical incidents occur and (2) so that you are prepared if your executive director asks you to take the lead for the agency in responding to and reporting critical incidents.

A “critical incident” is said to have occurred when a child in foster care:

- Dies
- Attempts suicide
- Is hospitalized
- Runs away for more than 24 hours
- Is arrested
- Is suspected of having been abused or neglected by staff, subcontractors, volunteers, interns, or foster parents in a foster home supervised by the agency

Supervising Agencies must have written policies and procedures for responding to these critical incidents and for reporting critical incidents to the Licensing Authority.

When a critical incident occurs, the Supervising Agency’s executive director (or his or her designee) must submit a “Critical Incident Reporting Form” to the Licensing Authority **within 72 hours**. An example of this form can be found on the following page. Supervising Agencies have to maintain their critical incident reports according to their own risk management policies, and they must make them available to the Licensing Authority upon request.

In addition, if a child placed in foster care dies, the Supervising Agency’s executive director (or his or her designee) must immediately notify the child’s parents, guardians, or legal custodians and the Licensing Authority.

1. DSS-5281 Critical Incident Reporting Form

CRITICAL INCIDENT REPORTING FORM

North Carolina Department of Health and Human Services
Division of Social Services

Attention: This form must be completed and submitted to the Division of Social Services, Regulatory and Licensing Services, via email to Cindy.Norton@ncmail.net and to your agency consultant, within 72 hours of the incident. This form should be password protected before being emailed. For any questions or comments regarding this form please contact Cindy Norton at the email address above or at 828-669-3388 x222.

GENERAL INFORMATION

Agency Name: _____ Address: _____
 Name and address of group home/cottage: _____
 Name(s) and address of foster parent(s): _____
 Facility ID Number of group home/foster home: _____
 Client name: _____ Age: _____ Date client placed with agency: _____
 Parent/Guardian or Legal Custodian: _____
 Date/Time Parent/Guardian or Legal Custodian notified: _____
 Date of incident: _____ First person to learn of incident: _____
 Was the client treated by a physician for the incident: ☐ Yes ☐ No
 If yes, what was the date of treatment: _____
 Was client restrained at the time of the incident: ☐ Yes ☐ No
 Was client in seclusion at the time of the incident: ☐ Yes ☐ No
 Date report prepared: _____ Time report prepared: _____
 Name and Title of person completing report: _____
 Name and Title of supervisory staff reviewing report: _____

TYPE OF INCIDENT

Check all items that apply

Incident which requires ADMISSION to a hospital:

☐ Accident ☐ Injury ☐ Medication Error ☐ Other
Includes self-injurious behaviors

Death, Suicide Attempt, Runaway, Arrest:

☐ Death ☐ Suicide Attempt ☐ Runaway ☐ Arrest
Lasting more than 24 hours

Child Abuse or Neglect:

☐ Any case of abuse or neglect being investigated by a County Department of Social Services

Date reported to County DSS: _____ County DSS reported to: _____

Date accepted for Investigative Assessment: _____

County DSS investigating the report: _____ Date the investigation was initiated: _____

NARRATIVE

For Child Protective Services incidents describe the circumstances of the allegation. Include the place where the incident occurred and if the incident involved a staff member, foster parent or someone else (state relationship). Please state what was reported to the county department of social services (if known). Please note that for incidents involving child abuse or neglect you are NOT to conduct your own investigation. Describe the safety plan that has been put in place.

For Other incidents (not Child Protective Services) describe the incident. Include the place where the incident occurred, cause of the incident (if known), and the individuals involved. State any investigation that has been done to determine the cause of the incident and any corrective measures put in place or planned to be put in place as a result of the incident.

sample

NOTIFICATION

List other authorities that have been notified as a result of the incident:

County DSS: _____ Name of DSS worker contacted: _____ Date: _____

Licensing Consultant: _____ Date: _____

Law Enforcement: _____ Date: _____

Other authorities: _____ Date: _____

Medical Issues

Compared to children from similar economic backgrounds, children in foster care have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement. Typically, these conditions are chronic, under-identified, and under-treated (FDCH Congressional Testimony 2005).

Children with such medical, developmental, and mental health problems are more likely to suffer multiple placement disruptions. They can easily end up in a destructive cycle, where the placement disruptions contribute to increased medical or mental health needs, which then endanger future placements (studies cited in Rubin et al. 2004).

What does this mean for licensing professionals? You want to be sure that foster parents receive the preparation, training, and support that will allow them to manage the child's needs. Initially foster parents may need help navigating the medical or mental health system to complete screenings and receive appropriate treatment. Later on, they may need help getting important information on medications, behavior management, diet, or other ways to manage a child's condition. For severe or chronic conditions, foster parents may be interested in support groups or online communities. As you know, some foster parents may just need to be pointed in the right direction for a resource. Others may need more step-by-step assistance.



Licensing professionals are responsible for ensuring foster parents receive the preparation, training, and support to meet and manage a child's needs.

You probably already know or can imagine the kinds of issues for which children in foster care commonly need treatment. As many as one third to one half of children entering foster care might have untreated medical problems that need attention (Horwitz, Owens & Simmons 2000), and over a third have serious levels of psychiatric impairment (studies cited in Lutz & Horvath 1997). Nationally, the overall level of mental health problems for children in foster care is estimated at 30% to 70%. STDs, anemia, and lead poisoning are at least twice as prevalent among children in foster care (Bilaver et al. 1999).

Here are general resources to start you or a foster family off in learning more about specific conditions:



Family Support Network of North Carolina

800-852-0042

www.fsnncc.org

Provides information, referrals, education, and parent-to-parent support for families with special-needs children

National Institute of Mental Health

www.nimh.nih.gov

Provide reliable information and links on medical and mental health conditions and treatment.

See the Administrative Code Rules

<<http://www.dhhs.state.nc.us/dss/licensing/10ANCAC70E.htm>> for specific regulations on medication administration, disposal, storage, review, and errors: 10A NCAC 70E.0501 (c).

Ethical Issues

Is it ever justified to “manipulate” a foster parent (into taking a child, or moving a child) just because we, as professionals, “just know” what is best? It is so tempting to play God, and we face that temptation all too frequently.

Licensing professionals frequently confront ethical issues, although we may not always think of these situations in ethical terms. Decisions you make can have very serious consequences for other people's lives (Ayers-Lopez & McCrory 2004). In addition, in an increasingly litigious society, professionals are more likely to be challenged for the decisions they have made and the impact they have had on families (Mattison 2000, cited in Ayers-Lopez & McCrory 2004). Therefore, every worker is under an obligation to consider the ethical dilemmas she faces, and to work with supervisors and colleagues to resolve them in a way that can be justified by accepted ethical and professional standards.



Periodically review the NASW Code of Ethics. This helps adjust your priorities back to the core values of our profession, and provides guidance when you are facing a situation with no simple, clear solution.

For social workers, our professional standards are defined in the Code of Ethics of the National Association of Social Workers (NASW). You can find the code online at <www.socialworkers.org/pubs/codeNew/code.asp>. We are all familiar with some of the topics that the code covers, such as maintaining client confidentiality, ensuring clients' self-determination and informed consent in decision-making, and avoiding conflicts of interest. But it's helpful to review the full code periodically, both to adjust our priorities back to the core values of our profession, and also to help guide us when facing a situation with no simple, clear solution.

Common Ethical Dilemmas

We all strive to do the right thing in helping children and families, or we wouldn't be in this line of work. But ethical dilemmas come up when it's not so clear what the

right thing is. In fact, the more aware we are of our ethical code the more often we might recognize ethical issues in our work. Ayers-Lopez and McCrory (2004) discuss ethical dilemmas in this way:

Ethical dilemmas involve situations in which two or more worthy values are in conflict (Rokeach, 1973, cited in Mattison, 2000). For example, you would ordinarily want to protect clients from harm *and* protect their confidentiality. In certain situations you may not be able to do both. If you protect confidentiality there is a high likelihood that the client will be hurt, and conversely, in order to do what you think will protect the client from harm, you would have to break confidentiality (Reamer, 1999, p. 43). Often, these types of dilemmas come down to the question, “Do the ends justify the means?” Another type of ethical dilemma is when clients’ ideas of what is good for them differ from those of the professional. Decisions become even more complicated when the clients’ ideas of what is good for them aren’t in the best interest of others who are vulnerable (Abramson, 1996, cited in Regehr & Antle, 1997).

For human services workers, one study found the following to be the most common ethical violations (Montgomery & Still 2001):

- Dual or sequential relationships (having a personal or secondary relationship with a client while serving as his social worker or immediately after – e.g., hiring a client to do a job at your home)
- Professional competence
- Confidentiality
- Duty to warn others about potential harm
- Personal value conflicts
- Financial issues
- Cultural competence

Another study looked at the most common ethics violations reported to NASW for a ten-year period. Here they are in order of frequency:

- Boundary violations (254)
- Poor practice—services fall short of accepted standards (160)
- Competence—personal impairment; lack of knowledge, preparation or needed supervision (86)
- Record keeping (70)
- Honesty (51)
- Breach of confidentiality (41)
- Informed consent (37)
- Collegial violations—unfair termination of job, etc. (33)
- Billing violations (23)
- Conflicts of interest (22)

*The above was adapted from Ayers-Lopez, S. & McCrory, J. (2004). Ethical Decision Making in DFPS. **Protection Connection 11(2)**. Protective Services Training Institute of Texas.*

While this may give us a sense of the ethical challenges that social workers face in general, it's also important to know how to handle the specific issues that come up for licensing professionals.

Suggestions and Advice from Experienced Workers

- Be honest and open with families or potential families.
“Discuss problems openly and respectfully. It may be easier to avoid dealing with a potential problem, but avoiding it rarely helps it go away, and more often you end up with a bigger problem which ends up an ethical dilemma.”
- Treat all families the same, and apply rules consistently across families and across workers.
“If an agency's policies are fair and consistent, that goes a LONG way toward PREVENTING ethical dilemmas.”
- Have regular staffings of your cases with supervisors and colleagues so that others can help spot and resolve potential conflicts. Never make tough decisions alone. The more serious the impact will be on someone's life, the more obligation you have to seek advice.
“Is it ever justified to ‘manipulate’ a foster parent (into taking a child, or moving a child) just because we, as professionals, ‘just know’ what is best? It is so tempting to play God, and we face that temptation all too frequently. Whenever possible or whenever there is the slightest question, get an objective second opinion on placement questions.”
- The more you are informed and then share the information with foster families—about the child, the birth family, the history, and case plan—the easier it is to reach consensus about what is “best” for a child. Foster families need to know the big picture, and to have a realistic sense of what's happened and what's coming down the line.
“Complete communication with a foster family prepares them for things that might otherwise be scary or threatening or hurtful, like ‘It's Wednesday afternoon and we're moving your child Thursday.’ It helps avoid the things that people dread the most about foster care.”

What ethical issues related to licensing have you faced?

The following are examples of ethical concerns encountered by experienced licensing professionals from public and private agencies in North Carolina, along with relevant points from research, NASW's Code of Ethics, and consultants with the Licensing Authority.

1. Concerns about a POTENTIAL Foster Family's Abilities

Several families in the current MAPP/GPS class are confident they will make great foster parents, but I doubt their capacity to fully master the 12 skills. Yet my agency desperately needs more licensed foster families. Would it be appropriate to recommend these families for licensing, with the understanding that we will continue to work closely with them to develop their skills further?

In most cases, this situation cannot be considered an ethical dilemma. While families do have a right to be *considered* for licensing, your ultimate concern must be for the safety and well-being of children. Regardless of your agency's need for foster families, if you have strong doubts about a candidate's ability to care for children, it would be unethical for you to recommend that person for licensure. When this happens, it is best to be honest with the candidate—explain your decision and the reasons behind it while expressing appreciation for their commitment to children.

The question of whether to recommend a candidate for licensing becomes slightly less clear when your doubts about that person's abilities are uncertain. If the candidate possesses most of the 12 skills but you think he or she has weaknesses in a few areas, the ethical thing to do is to talk openly with the person about your concerns. Explain again that the period leading up to the decision about licensing is a mutual one in which the potential foster parents and the agency learn about each other and assess the parents' readiness to foster. Talk about the strengths the family possesses and explain that you need more information about their capacity or ability in certain areas. Identify together ways you might further assess their skills in the area of concern and how their skills in this area might be enhanced. Your honesty and directness will communicate your respect for the candidate and help ensure that both of you make the right decision about foster care licensure.

2. Concerns about a CURRENT Foster Family's Abilities

If parents are already licensed but we have reservations about their ability to care for a specific child, do we place with them anyway? Perhaps the family just needs experience. Then again, what if the placement disrupts? A crystal ball would be very helpful!

Although it can be hard to view people in terms that seem coldly analytical, the ethical thing to do when considering a placement match is to conduct a risk/benefit analysis. Is the risk to the child greater by being placed with an uncertain match, by

selecting a known family that would be overburdened, or by an emergency placement? What about the risk to the family—emotionally, physically, and possibly even legally—in taking a child that they’re not prepared to take? And what about the benefit of having this family available to take future children, instead of “burning out” a family that isn’t really in a position to take the placement?

To make this kind of decision you need input from colleagues and team members, as much information as you can get, and an honest conversation with the foster family. Some things you might think about are:

- What are my specific concerns about this family, and how would they interact with the particular needs of this child?
- How might the family’s strengths and resources counterbalance any areas of weakness so that they could meet the child’s needs?
- What specific supports could I put in place for this family so that it could meet this child’s needs (information, modeling, or training from me or someone else; services or activities for the child; respite; another foster family with a similar child to serve as a mentor)?
- How much time and energy can I (and other team members for the child) personally give to this family to make this placement work?
- What information does this family need to have to make the decision for themselves? What questions do I need to ask to assess whether they are ready or can be helped through this?

If the decision is made to place the child, consider putting a plan in place with the family to ensure you check in periodically on how things are going and what they need.

3. Sharing Information with Foster Families

When calling a foster family about taking a child, it may be tempting to “sugarcoat” the child’s problems or minimize a difficult situation, to get the family to agree to take the child. Personally I am in favor of full disclosure, but is it ever a good idea to withhold information in order to give a child a “fresh start” with a new family?

Similarly, sometimes the problem is that the foster parents are so eager for a child that they look at potential placements through the proverbial “rose colored glasses.” If you have the feeling that the parents are underestimating how demanding a child will be to care for, how do you get that across to them?

Another way to express this problem is by asking the question, “Does the end (finding a home for a child) justify the means (not fully disclosing information to the family)?”

The short answer is “no.” Based on the ethic of informed consent, which applies to all social workers, licensing professionals **must** provide foster families with full and accurate information about children before a placement is made so that foster parents can make an informed decision about whether to care for the children.



The ethic of informed consent dictates that foster families be fully and truthfully informed about a child before they make their decision to care for that child.

Sometimes you can avoid the dilemma between finding a home and allowing families to make an informed decision by providing a balanced picture of a child. This is when it's important to ask good questions of the referring agency and previous workers. Every child has strengths and hopes and dreams. Help the foster parents see the child in a positive light – what you would strive to see and show others if it were your child. (See the recommendation from the Casey Family Foundation in Chapter 9 for an easy way to have this kind of information available for every child – and allow the child to give herself a “fresh start.”) For foster parents who seem unable to realistically estimate the challenges, share some specific examples of problems the child has faced. Help them think concretely about how they would manage the issues in their family.

In addition, foster parents' empathy and understanding can be engaged by explaining what has happened in a child's life that has led to her problem behaviors. And most importantly, come up with something concrete that you can offer to the family to support them with the child – you'll call tomorrow to check in, you know of a book that could really help, you'll help them find some respite for an upcoming weekend, or you'll work collaboratively to be sure the child gets into appropriate treatment or activities.

Sometimes it can make a difference for families just knowing that there are options for them if they need help, and that you will work with them to thoughtfully and carefully make a change if it becomes necessary.

Even if none of these things work, remember that you are striving not just to find ANY family for a child, but a STABLE family. The ethically shaky practice of gently misleading a family won't pay off in the end if it falls through as soon as the family sees the problems for themselves. Long-term, the practice can cause harm by pushing a family away from fostering because they lose trust in your agency.

4. Birth Parent Objections about Foster Parents

What if the birth family doesn't want their child placed in a home due to the foster family's religious beliefs? Some object even though we explain the child is not required to engage in religious activities. If the child is doing well in the placement, do we move them to appease the parents based on the foster parent's religious affiliation?

This example illustrates the common dilemma between the duty to ensure equal opportunity and decision-making for all people, and the duty to respect a birth family's opinions and wishes on very important matters such as religious beliefs, culture, etc. Trying to avoid that dilemma by hiding the characteristics of a foster family raises the same ethical issues as hiding details about a child from a foster

family. In addition, it is not likely to be successful if the birth family has any visitation with the child or lives in the same community.

It might help add clarity to this issue if the concern—for example, a family's race—is viewed in the context of the most important duty of any agency and of our entire system: to provide a stable, safe, and nurturing home for every child. If your agency has recommended licensure for a family, the Licensing Authority has issued the license, and the family is willing to provide a home for the child, then the family is just as deserving of your agency's support as any other family.

If the birth family has a concern about a foster family, it should be discussed openly and respectfully, just as any other concern would be. But the decision to remove a child from a placement should be based first on whether the family is able to provide a safe, stable, and nurturing home for the child. This duty, in effect, “trumps” most other concerns. An agency should be no quicker—and no slower—to end the placement because a birth family objects to a foster family's race than they would if the birth family objected to anything else about a foster family's identity—from their religion to their socioeconomic status to their profession.



The decision to remove a child from a placement should be based first on whether the family is able to provide a safe, stable, and nurturing home for the child. This duty, in effect, “trumps” most other concerns.

In some cases, different members of the team might address the issue from different perspectives. The licensing professional might need to help reassure and inform the birth family about the foster family's qualities and qualifications, and about circumstances that influenced the placement. The foster care worker might need to explore with the family their feelings about having a child in placement, including natural reactions of jealousy, anger, resentment, and anxiety that can arise and undermine a successful placement.

5. Actively Recruiting Another Agency's Foster Parents

Several of my foster parents say they have been approached by staff from a new agency in town. These workers have told my foster parents life would be better if they transferred their license to their agency. Is the practice of courting another agency's foster parents against the rules? Is it ethical?

Although the rules do not prohibit one agency from recruiting another's foster parents, this practice is both unethical and short-sighted.

From an ethical standpoint, luring foster parents away from another agency is suspect for several reasons. First, it is possible that the stress of learning to work with a new agency and new people may overburden an already stressed foster family, which in extreme cases could lead to placement disruption. Clearly, such an outcome would be detrimental to children in foster care, and their safety and welfare is always our primary concern. Second, courting away another agency's foster parents potentially undermines relationships and supports in the family's life. This is contrary

to the Code of Ethics, which calls upon social workers to strengthen relationships among people to promote their well-being. Third, this practice goes against the social work value of integrity, which calls upon us to behave in a trustworthy manner.

Ultimately, courting another agency's foster parents is counterproductive. Though it may produce the desired results (increased placement capacity) in the short-term, in the long run it can poison interagency relationships, retard collaboration, and ultimately interfere with the efforts of the entire child welfare community to achieve positive results for children and families.